File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

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YES _ NO

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Fax: 515-281-4073	DISCLOSURE	SUMMARY PAGE	200	9 Hu	J-JOURE LL.
COMMITTEE NAME (Must be	same as on Statement of Organ	nization)		o JUL 2	AM 10: 30
Lappe for Sheriff	•	,		FORM	<u></u>
(1)Statewide/Legislative/Judge 5 (4)County Central Committee (5)	of committee you are reporting for: 5 Standing for Retention Candidate (2 5) County Candidate (6) City Candidate by PAC (9) City PAC (10) School Bo) State PAC (3)State Party ate (7)School Board or Other Politic oard or Other Political Subdivision PA	al (R	DR-2 ev. 07/2007) r Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name Donald W. Lappe	ONLY:	Political Party (if applicable) Democratic	Lo Sc	gged in	
Office Sought Cass County Sheriff		District (if Senate or House)			
SIGNATURE OF PERSON FIL	ING REPORT	713.543.543.5 TELEPHONE	_/8	DATE S	S
AM FILING A July 19,2008		REPORT FOR (1) ELECTION	1 /(2)NON-E	LECTION YE	AR.
(re	port date)	Indicate by	# []		
CHECK IF AMENDMENT TO	O REPORT DATED		Local Comm	nittees, enter Dat	e of Election
Check if this is final (termina (You must continue to	ntion) report and attach Notice of I ofile reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & Lo which Electi		enter County in
STATEM	ENT OF CASH ON HAND				
committee. This amo	ing of the reporting period. (Tota unt MUST be the same as the ca eriod or must be zero if this is first		\$	696.55	
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				
Schedule A: Cash Co	intributions total (Attach Schedule	e A) (*also see in-kind below)		300.00	
Schedule F: Loans R	eceived total (Attach Schedule F))	•••••	0.00	
Schedule H: Total Sa	les of Campaign Property (Attach	Schedule H)		0.00	······································
(Schedule H	applies to Candidates' Commi	ttees Only)		200.00	
		SUB-TOTAL	\$	300.00	
	MONEY SPENT THIS PERIOD tures total (Attach Schedule B) (**	*aiso see debts and loans below)	***********	410.26	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

Schedule F: Loan Repayments total (Attach Schedule F).....

CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

For Instructions, See Back of Form

CONTRIBUTIONS .. MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Lappe for Sheriff		CK THIS BOX IF NDING FORM
	 L	· · · · · · · · · · · · · · · · · · ·

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/29/08	CK# ₄₉₁₆	Mildred Miller 1201 Roosevelt Dr., Atlantic, Iowa 50022	N.A.	\$50.00	
5/29/08	ID# CK# ₃₆₁₄	Charles/Carol Smith 704 E. 14th St., Atlantic, Iowa 50022	N.A.	25.00	
5/29/08	ID# CK# 8520	Gene/Kathleen Eyberg 1407 Roosevelt Dr., Atlantic, Iowa 50022	N.A.	10.00	
6/11/08	ID# CK# Cash	Joe Brumbaugh 1100 Elm, Atlantic, Iowa 50022	N.A.	15.00	
6/11/08	ID# CK# ₈₀₃₀	Mark/Sarah Jespersen 2810 Chestnut, Atlantic, Iowa 50022	N.A.	20.00	
6/10/08	ID# CK# 7545	Ronald/Marlene Feilmeyer 305 E. 21st St., Atlantic, Iowa 50022	N.A.	100.00	
6/10/08	ID# CK# ₃₁₆₂	Lyle/Helen Pigg 602 E. 8th St., Atlantic, Iowa 50022	N.A.	30.00	
6/18/08	ID# CK# ₁₀₄₄₀	Tony Dvorak/Mary Pat Gregersen 202 E. 6th St., Massena, Iowa 50853	N.A.	50.00	
	ID#				
	CK#				
	ID#				<u></u>
	CK#				
			SUB-TOTAL	\$ 300	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 1 (for Schedule A)

300

TOTAL (if last page of this schedule)

SCHEDULE

Reset Form

Rese	t F	orm	- 1

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/12/08	ID# CK#1008	Katrina Martin 402 Olive, Atlantic, Iowa 50022	Mailing Labels	\$ 87.21
6/12/08	ID# CK#1009	Akin Building Center 110 E. 3rd St., Atlantic, Iowa 50022	Lumber for sign	20.58
5/12/08	ID# CK# 1010	J&J Custom Graphic Design 217 Walnut, Atlantic, Iowa 50022	4X8 Sign	64.20
5/2/08	ID# CK#	Whitney Bank 223 Chestnut, Atlantic, Iowa 50022	Service Charge/Tax	.43
7/9/08	ID# CK# ₁₀₁₁	J&J Custom Graphic Design 217 Walnut, Atlantic, Iowa 50022	Signs	108.54
7/9/08	ID# CK# ₁₀₁₂	Choice Printing PO Box 305, Atlantic, Iowa 50022	Printing	128.98
7/7/08	ID# CK#	Whitney Bank 223 Chestnut, Atlantic, Iowa 50022	Service Charge/Tax	.32
	ID# CK#			
			SUB-TOTAL	\$ 410.26

TOTAL (if last page of this schedule)

\$ 410.26 \$ 410.26

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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RINSTRUCTIONS, SE WMITTEE NAME(Mus ope for Sheriff	st be same as on Statement of Organization)	RESET	SCHEDULE F (Rev. 02/08)	LOAN RECEN & REPA
	orts money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$ 1500.00	the committee account.	CHECK	
TI- MONETARY LO (Original source	DANS RECEIVED <u>THIS</u> REPORTING PERIOD as of loan, such as a bank, must be shown if a third party is a	involved. Include loans from cal	ndidate's personal i	funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applical		OF LOAN
			\$	
				· ,
		TOTAL (PART I)	\$	
RT II - MONETARY I	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD In must be reported on Schedule E — In-kind Contributions.		\$	
RT II - MONETARY I (Loans forgived DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD In must be reported on Schedule E – In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	REPAID
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(Loans forgiver	n must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	REPAID
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(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT F	REPAID